UTILITY PATENT APPLICATION TRANSMITTAL First Inventor: Randall S. Hickle et al. Title: System and Method for Monitoring Gas Supply and Delivering Gas to a Patient I hereby certify that this correspondence is being deposited today with the United States Postal Service as Express Mail − Post Office to Addressee in an envelope addressed to: Commissioner for Patents, MS Patent Application, PO Box 1450, Alexandria, VA 22313 Name: Linda F. Hansen					
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3. IN Specification 1 total Pages 231 1 of Nucleotide and/or Artific Acid Gequence					
(Preferred arrangement set forth below) Submission (if applicable, all necessary)					
- Descriptive Title of the Invention a. Computer Readable Form (CRF)					
- Cross Reference to Related Applications - Statement Regarding Fed sponsored R&D b. ☐ Specification Sequence Listing on: i. ☐ CD-ROM or CD-R (2 copies); or					
- Reference to sequence listing, a table, or a					
computer program listing appendix - Background of the Invention c. Statement verifying identity of above copies					
- Brief Summary of the Invention					
- Brief Description of the Drawings (if filled) - Detailed Description 9. Assignment Papers (cover sheet & document(s))					
- Claim(s) 10. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney					
- Abstract of the Disclosure (when there is an assignee) 11. English Translation Document (if applicable)					
12. Information Disclosure Statement					
4. ☑ Drawing(s)(35 USC 113) [Total Sheets 5] ☐ (IDS)/PTO-1449 ☐ Copies of IDS Citations					
5. 🖸 Oath or Declaration [Unexecuted 4 Pages] 13. 🗌 Preliminary Amendment 14. 🖂 Return Receipt Postcard (MPEP 503)					
a. ☐ Newly executed (original or copy) b. ☐ Copy from a prior application (37 CFR 1.63(d)) 14. ☑ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)					
(for continuation/divisional with Box 18 completed) │ 15. ☐ Certified Copy of Priority Document(s)					
(if foreign priority is claimed) i ☐ DELETION OF INVENTOR(S) 16. ☐ Nonpublication Request and Certifications under					
i. DELETION OF INVENTOR(S) Signed statement attached deleting 16. Nonpublication Request and Certifications under 35 U.S.C. 122					
inventor(s) named in the prior application. (0)(2)(B)(I). Applicant must attach form					
see 37 CFR 1.63(d)(2) and 1.33(b). PTO/SB/35 or its equivalent. 17. Application Cover Sheet w/Express Mail Certification					
6. Application Data Sheet. See 37 CFR 1.76					
18. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a					
preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: Continuation Divisional Continuation-in-Part (CIP) of prior application No.:, filed					
Prior application information: Examiner Group Art Unit:					
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional					
application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been					
inadvertently omitted from the submitted application parts. 19. CORRESPONDENCE ADDRESS					
☐ Customer Number or Bar Code Label 000027777 or ☐ Correspondence Address below					
Name: Philip S. Johnson, Esq.					
Address: Johnson & Johnson, One Johnson & Johnson Plaza New Brunswick, NJ 08933-7003 USA					

20. TELEPHONE CONTACT: Verne E. Kreger, Jr. Please direct all telephone calls or faxes to: Telephone: (513) 337-3295 Fax: (513) 337-8489 21. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED NAME Verne E. Kreger, Jr. Reg. No. 35,231 SIGNATURE Date: September // ,2003

FEE TRANSMITTAL Filing Date First Named Inventor Randall S. Hickle et al. Group Art Unit Not assigned Examiner Name Not assigned Attorney Docket Number END 881NP

FEE CALCULATION

CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$ 750.00
TOTAL CLAIMS	30 - 20 =	10	x 18.00	\$ 180.00
INDEPENDENT CLAIMS	3 - 3 =	0	x 84.00	\$ 00.00
MULTIPLE DEPENDENT CLAIMS	0 - =	N/A	X 280.00	
		TOTAL FEES	\$930.00	

METHOD OF PAYMENT

- ☑ Please charge Deposit Account No. 10-0750END 881NP/VEK in the amount of \$930.00.
- The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750END 881NP/VEK.

SUBMITTED E	Complete (if applicable)		
Typed or Printed Name	Verne E. Kreger, Jr.		Reg. No. 35,231
Signature	Verne G. Kreen Ja	Date: September //, 2003	Deposit Account No. 10-0750